

Illinois Department of Public Aid

201 South Grand Avenue East Springfield, Illinois 62763-0001

Telephone: (217) 782-5565

TTY: (800) 526-5812

March 4, 2004

INFORMATIONAL NOTICE

TO: Enrolled Optometrists, Physicians, and Optical Companies

RE: Elimination of State-Generated Procedure Codes – HIPAA Implementation

The department is converting state-generated "X" and "W" optometric procedure codes to the appropriate Health Care Procedure Coding System (HCPCS) codes. This is being done to comply with the Health Insurance Portability and Accountability Act (HIPAA). This procedure code conversion does not affect the process by which eyewear is fabricated through Dixon Correctional Industries.

Effective for service dates on and after April 1, 2004, state-generated procedure codes assigned to services provided by optometrists, ophthalmologists, and optical companies will be eliminated. The department will open corresponding HCPCS codes for providers to use in place of the eliminated procedure codes.

The attached table identifies the procedure codes that are being closed and opened. Providers must use the HCPCS codes for dates of service on and after April 1, 2004. Providers should continue to use the state-generated codes for service dates prior to April 1, 2004.

Please note the use of modifiers indicated for certain procedure codes. Modifiers are to be placed in the "modifying units" box in each applicable service section of the DPA 1443 paper claim form. The use of these two-byte modifiers will require programming changes to the National Standard Format (NSF), as stated in the HIPAA Readiness February 2004 Update to all providers dated February 17, 2004. This notice may be viewed at http://www.dpaillinois.com/optometrists/>. Once the department implements the 837P transaction, the two-byte modifiers will be reported in Loop ID 2400 SV101-03 of the 837P.

Providers of optometric services must use modifier 22 with procedure code 92015 to denote the full optometric examination, and to receive the full reimbursement. A procedure code that requires the use of modifiers to denote right and left must be reported on individual service lines to identify each eye.

E-mail: dpawebmaster@mail.idpa.state.il.us
Internet: http://www.dpaillinois.com/

For paper claims, it is very important that providers use the category of service that is assigned to the procedure code being billed. The category of service for each code is shown on the attached table. For example, procedure code X1015 (dispensing fee) will be replaced by procedure code 92340, and category of service 45 is the correct entry. The DPA 2803, Optical Prescription Order, cannot be submitted electronically at this time. Providers submitting an electronic claim with a paper attachment must follow the instructions as indicated in topic 300.2 of Chapter 300, the Handbook for Electronic Processing. Chapter 300 is available on the department's Web site at http://www.dpaillinois.com/handbooks/chapter300.html>.

Prior approval requests may still be submitted via paper on the DPA 1409 Prior Approval Request, or may be submitted electronically via the 278 Health Care Services Review-Request for Review and Response, after the department implements that electronic transaction.

A new and expanded optometric fee schedule will be posted to the Department's Web site at <<u>http://www.dpaillinois.com/feeschedule/</u>>. This enhanced fee schedule will replace the information contained in the Handbook for Optometric Services, Appendices O-2, O-3, and O-4. It is recommended that you check the Web site periodically. When the new fee schedule becomes available, please refer to it for procedure code and rate information, and remove appendices O-2, O-3, and O-4 from the handbook.

Paper copies of the Handbook for Optometric Services may be obtained by written request. To ensure delivery, you must specify a physical street address when requesting a paper copy. You may submit your written request to the address below, or fax or e-mail it as noted:

Illinois Department of Public Aid Provider Participation Unit Post Office Box 19114 Springfield, Illinois 62794-9114

Fax Number: 217-557-8800 / E-Mail Address: **PPU@mail.idpa.state.il.us**

Any questions regarding this notice may be directed to the Optical Program in the Bureau of Comprehensive Health Services at 217-782-5565.

Anne Marie Murphy, Ph.D. Administrator Division of Medical Programs

Illinois Department of Public Aid Procedure Code Crosswalk for Providers of Optometric Services

Valid Codes thru 03/31/04	Description	Codes Effective 04/01/04	COS	Special Instructions	Prior Approval Required
N/A	Lenticular lens, per lens, trifocal	V2321	45	Use modifiers RT and LT if needed to denote pair	Yes
V2500	Contact lens, hard, per lens	V2500	45	Use modifiers RT and LT if needed to denote pair	Yes
V2510	Contact lens, gas permeable, per lens	V2510	45	Use modifiers RT and LT if needed to denote pair	Yes
V2520	Contact lens hydrophylic; spherical, per lens	V2520	45	Use modifiers RT and LT if needed to denote pair	Yes
V2600	Hand held low vision aid	V2600	45		Yes
N/A	Prosthetic eye, plastic, custom	V2623	45		Yes
V2624*	Polishing/resurfacing of ocular prosthesis	V2624	45		Yes
V2625*	Enlargement of ocular prosthesis	V2625	45		Yes
V2626*	Reduction of ocular prosthesis	V2626	45		Yes
V2627*	Scleral cover shell	V2627	45		Yes
V2628*	Fabrication and fitting of ocular conformer	V2628	45		Yes
V2629	Prosthetic eye, other type	V2629	45		Yes
V2715	Prism, per lens	V2715	45	Use modifiers RT and LT if needed to denote pair	No
N/A	Addition to lens, tint, any color	V2745	45	Use modifiers RT and LT if needed to denote pair	Yes
N/A	Mirror coating, any type, any lens, per lens	V2761	45	Use modifiers RT and LT if needed to denote pair	Yes
N/A	Polarization, any lens material, per lens	V2762	45	Use modifiers RT and LT if needed to denote pair	Yes
N/A	Lens, index 1.54-1.65 plastic or 1.6-1.79 glass, excludes polycarbonate lens	V2782	45	Use modifiers RT and LT if needed to denote pair	Yes
N/A	Lens, index > or = 1.66 plastic or > or = 1.80 glass, excludes polycarbonate lens	V2783	45	Use modifiers RT and LT if needed to denote pair	Yes
N/A	Lens, polycarbonate or equal, any index lens	V2784	45	Use modifiers RT and LT if needed to denote pair	Yes
V2799	Vision service, miscellaneous	V2799	45		Yes
W7125	Class A metal front	92390	45		No
W7126	Class A metal temple	92390	45	Use modifiers RT and LT if needed to denote pair	No
W7127	Class B metal front	92390	45		No
W7128	Class B metal temple	92390	45	Use modifiers RT and LT if needed to denote pair	No
W7257	Aphakic infant contact, single lens	V2599	45		Yes
W7258	Aphakic infant contact, pair	V2599	45	Use modifiers RT and LT if needed to denote pair	Yes
W7259	Aphakic contact lens service, single	V2799	45		Yes
W7260	Aphakic contact lens service, pair	V2799	45		Yes

Illinois Department of Public Aid Procedure Code Crosswalk for Providers of Optometric Services

Valid	Description	Codes	COS	Special Instructions	Prior
Codes	_	Effective			Approval
thru		04/01/04			Required
03/31/04					
W7305	Frame front with nosepiece	92390	45		No
W7306	Frame front with flex nosepiece	92390	45		No
X1010	Examination, office	92015	03	Use modifier 22 to denote a complete IDPA exam	No
X1011	Examination, other location	92015	03	Use modifier 22 to denote a complete IDPA exam	No
X1015	Dispensing fee	92340	45		No
X1016	Service fee	92370	45		No
X1021	Nose pad replacement			Closed	
X1024	Temple replacement (each) OPT	92390	45		No
X1025	Temple replacement (pair) OPT	92390	45	Use modifiers RT and LT if needed to denote pair	No
X1026	Frame front, OPT	92390	45		No
X1028	Frame repair- service only	92370	45		No
X1044	Contact lens service- each	92310	45		Yes
X1045	Contact lens service- pair	92310	45		Yes
X1047	Prism to 4	V2715	45	Use modifiers RT and LT if needed to denote pair	No
X1048	Prism 4 and above	V2715	45	Use modifiers RT and LT if needed to denote pair	No
X1052	Insert single lens			Closed	
X1053	Insert pair lens			Closed	
X2500	Hard contact lens (pair)	V2500	45	Use modifiers RT and LT if needed to denote pair	Yes
X2510	Gas permeable contact lens (pair)	V2510	45	Use modifiers RT and LT if needed to denote pair	Yes
X2520	Soft contact lens (pair)	V2520	45	Use modifiers RT and LT if needed to denote pair	Yes
X2715	Prism 4 degrees and above	V2715	45	Use modifiers RT and LT if needed to denote pair	No

^{*} These codes are effective 1/1/04. Through 12/31/03, they are valid only for Medicare crossover claims.